

**UN-CONFIRMED MINUTES** of a Public meeting of the Board of Directors held at 09:00 on  
Thursday 1<sup>st</sup> July 2021 via video conference

<b>Present:</b>	Claire Ward	Chair	CW
	Tim Reddish	Non-Executive Director	TR
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Neal Gossage	Non-Executive Director	NG
	Manjeet Gill	Non-Executive Director	MG
	Andy Haynes	Specialist Advisor to the Board	AH
	Richard Mitchell	Chief Executive	RM
	Paul Robinson	Chief Financial Officer & Deputy Chief Executive	PR
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Simon Barton	Chief Operating Officer	SB
	Julie Hogg	Chief Nurse	JH
	Emma Challans	Director of Culture and Improvement	EC
	David Selwyn	Medical Director	DS
	Clare Teeney	Director of People	CT
	Lorna Branton	Director of Communications	LB
<b>In Attendance:</b>	Sue Bradshaw	Minutes	
	Robin Smith	Producer for MS Teams Public Broadcast	RS
	Alison Steel	Head of Research & Innovation	AS
	Julie Smith	High Intensity User Nurse Specialist	JS
	Carly Osbon	High Intensity User Nurse Specialist	CO
	Debbie King	Corporate Matron	DK
<b>Observer:</b>	Donna Broughton	Communications Specialist	
	Andrew Fooks	360 Assurance	
<b>Apologies:</b>	None		

**The meeting was held via video conference. All participants confirmed they were able to hear each other and were present throughout the meeting, except where indicated.**

Item No.	Item	Action	Date
<b>18/044</b>	<b>WELCOME</b>		
1 min	<p>The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>Noting that due to the circumstances regarding Covid-19 and social distancing compliance, the meeting was held, via video conferencing and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and the public were able to submit questions via the live Q&amp;A function. All participants confirmed they were able to hear each other.</p>		
<b>18/045</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	There were no declarations of interest pertaining to any items on the agenda		
<b>18/046</b>	<b>APOLOGIES FOR ABSENCE</b>		
1 min	There were no apologies for absence		
<b>18/047</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	Following a review of the minutes of the Board of Directors meeting held on 3 <sup>rd</sup> June 2021, the Board of Directors APPROVED the minutes as a true and accurate record.		
<b>18/048</b>	<b>MATTERS ARISING/ACTION LOG</b>		
1 min	The Board of Directors AGREED that 17/933.2 was complete and could be removed from the action tracker.		
<b>18/049</b>	<b>CHAIR'S REPORT</b>		
1 min	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective. CW advised she welcomed the opportunities she has had to speak to various people across the Trust.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>18/050</b>	<b>CHIEF EXECUTIVE'S REPORT</b>		
10 mins	<p>RM presented the report, highlighting restoration and recovery and the opening of the same day emergency care unit. Emergency care is currently busy, both in terms of activity and acuity. RM outlined the issues, and the steps being taken, in considering the Trust's response to health inequalities.</p> <p>RM advised the Trust has had a good start to the year financially and thanked colleagues involved with supporting the maternity services at Shrewsbury and Telford NHS Trust. EC and the Proud2bOps team have recently won the Health Service Journal (HSJ) Partnership Award.</p>		

<p>9 mins</p>	<p>The Board of Directors were ASSURED by the report</p> <p><b>Covid Vaccination Update</b></p> <p>CT presented the report, advising over 100,000 have been vaccinated through the hospital hub. The Trust has registered for Hospital Hub+ to support the next phase of the vaccination programme and has converted to the national booking service. More than 89% of SFHFT staff have been vaccinated. The Nottinghamshire system was part of the national 'Grab a Jab' campaign over the weekend of 27<sup>th</sup> / 28<sup>th</sup> June 2021. Learning from the Covid vaccination campaign will be used to map out the approach to the flu vaccination campaign. The Trust is finalising the resources which will potentially be required for the autumn vaccination programme.</p> <p>CW queried how the pop-up clinics across the community are impacting on the attendance rate at the hospital hub and if there is likely to be a change in behaviour for Phase 3, whereby people prefer to attend a vaccination clinic in their local community rather than a central hub. CT advised in different geographies the pop-up clinics have worked well. In terms of addressing some of the health inequalities issues, having a pop-up clinic, with open appointments, in some of the city areas, for example, has worked well with those communities. This has had an impact on some of the requirements for the hub and the vaccination centres. In terms of Phase 3, the plan is to consolidate some of the sites and the focus for hospital hubs is likely to be on prioritising health and care staff.</p> <p>MG queried if there have been any announcements about the booster programme and if the hub at King's Mill Hospital will be used. CT confirmed the hub will be used to support the booster vaccination programme with the focus on health and care staff. Confirmation as to what the arrangements are for the boosters are awaited. DS advised the Covid Booster Study, which will inform which vaccine to give and who to give it to, has only just started. This is due to report in September 2021.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>18/051</p>	<p><b>STRATEGIC PRIORITY 1 – TO PROVIDE OUTSTANDING CARE</b></p>		
<p>21 mins</p>	<p><b><u>Maternity Update</u></b></p> <p><b>Safety Champions update</b></p> <p>JH presented the report, highlighting the Continuity of Carer programme and output from Board Safety Champion walkarounds.</p> <p>MG queried if champions were recruited from the community or the system, for example, the local authority.</p>		

<p>JH advised the champion role is focused on the clinical teams. However, the maternity voices partnership relates to women and stakeholders co-producing and engaging in services. There is good engagement from the maternity voices partnership, and they are supporting the development of the Continuity of Carer programme for women from a Black, Asian and minority ethnic (BAME) background. There is more work to do in terms of engaging with wider agencies.</p> <p>MG noted the recent media coverage regarding maternity services at NUH and queried if there was anything in those reports which could be lessons learnt for SFHFT. JH advised there will be lessons for everyone and all organisations are currently learning from the investigation into Shrewsbury and Telford, which is Part 1 of the Ockenden report. Those recommendations are being rolled out nationally. Whenever there is a CQC report which rates a maternity unit as inadequate, this is looked at by the Trust and we benchmark against it to ensure learning. SFHFT has good relations with NUH and will be working with them to consider how both units can learn.</p> <p>BB queried the trajectory to increase the number of women booked under Continuity of Carer from 19%. JH advised the Trust is changing the approach for the roll out of further teams following learning from other organisations. There is a need to consider how to meet the needs of women while also meeting the needs of the national agenda. The trajectory will be included in future reports.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Trajectory for increasing the number of women booked under Continuity of Carer to be included in future Maternity Safety Champion updates</b></li> </ul> <p>CW sought further information regarding the ongoing work to reduce smoking in pregnancy. JH advised Nottinghamshire has been identified as an early implementer site for the new model of smoking cessation for maternity services and SFHFT are leading this for the system. Smoking cessation services will be brought in house so women will have access to them alongside other care.</p> <p>DS queried if there a possibility to undertake work to encourage staff to join a smoking cessation programme alongside this work. JH advised some changes are being made to the wider smoking cessation programme. Therefore, there is an opportunity to recruit a smoking cessation advisor and there are plans to make the role more staff facing.</p> <p>The Board of Directors were ASSURED by the report</p> <p><b>Maternity Perinatal Quality Surveillance</b></p> <p>JH presented the report, highlighting obstetric haemorrhage, friends and family test (FFT) recommendation rate and training compliance.</p> <p>NG noted the Trust does appear to be an outlier in relation to obstetric haemorrhage. NG queried if there are any underlying causes for this and what action is being taken to reduce this.</p>	<p>JH</p>	<p>05/08/21</p>
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	<p>JH advised each haemorrhage is reviewed through the triggers meeting and the team are clear they have not identified any lapses in care or themes. However, the team have been asked to do a collective thematic analysis of haemorrhages over the last three months. This work has been completed and will be reviewed by the Maternity Assurance Committee.</p> <p>DS advised this issue has also been flagged through other governance committees. The division do not feel there was an excess haemorrhage rate. The key aspect to focus on is the appropriate treatment for people who have had significant haemorrhage and ensuring these patients are identified with blood being replaced or monitored.</p> <p>The Board of Directors were ASSURED by the report</p> <p><b>NHS Resolution (NHSR) Submission</b></p> <p>JH presented the report, advising there are ten safety actions and the Trust is compliant with all of them.</p> <p>The Board of Directors APPROVED the NHSR Submission</p> <p><b>Ockenden Submission</b></p> <p>JH presented the report, advising there are seven Immediate and Essential Actions (IEAs) and the Trust has declared non-compliance on two of these.</p> <p>The Board of Directors APPROVED the Ockenden Submission, noting the compliance will be validated by the Local Maternity and Neonatal System</p>		
<p><b>18/052</b></p>	<p><b>STRATEGIC PRIORITY 2 – TO CONTINUOUSLY LEARN AND IMPROVE</b></p>		
<p>27 mins</p>	<p><b>Research Strategy – quarterly update</b></p> <p>AS joined the meeting</p> <p>AS gave a presentation outlining Research and Innovation performance for Q1.</p> <p>TR queried if there were any plans to utilise Newark Hospital for research. AS advised recruitment to trials is across all three sites and wherever there are trials which have services which run across the three sites, research nurses will base themselves there for clinics. The Research Team have been looking for a space for a clinical research facility and have scoped out both Newark and Mansfield Community Hospital. However, as many of the trials are recruited from services which are based at King’s Mill Hospital and they need the support departments which are based at King’s Mill, the focus for the base is King’s Mill Hospital.</p> <p>AH queried if there is a gap for the mid-Nottinghamshire population in terms of access to research across the system and, if so, is there a plan to level up the inequity.</p>		

	<p>AS advised, there are several trials at Nottingham which patients can be filtered into, but there is a need to ensure patients can access those opportunities closer to where they live. The Trust did a detailed piece of work with an academic GP at a local medical centre which identified a significant lack of opportunity in practices in this area, mainly due to a lack of research infrastructure or the capability in GP practices to get involved in clinical trials. In addition, time for research is limited in primary care. The Trust has been looking at some options with NUH and the partnership bid is the first step in trying to scope issues and what can be done to resolve them.</p> <p>PR queried what support can be provided by the Board of Directors to help further develop research at the Trust. AS advised, there is a need for a small amount of space for a research facility as this will help with some commercial trials. The other issue is engagement with the divisions. More detailed information is awaited nationally in relation to embedding research into clinical care and it would be useful to progress this at an early stage.</p> <p>GW queried if there is anything the Board of Directors can do to support the commercial side of research. GW noted the links with Nottingham Trent University and queried if the Trust is working with the University of Nottingham.</p> <p>AS advised the University of Nottingham tend to just work with NUH. SFHFT does some work with them, but this tends to relate to specific studies. Nottingham Trent University are keen to use SFHFT as a site and help support the Trust's nursing and Allied Health Professionals (AHP) staff groups become more research active. In terms of commercial work, there is nothing specific the Board of Directors can do to provide support. The Trust cannot deliver some of the commercial trials as it does not run the required services. Additionally, commercial sponsors tend to go to places where there are key opinion leaders and this is not always SFHFT. There is a need to build relationships.</p> <p>DS advised it is important to remember innovation and this is where the relationship with Nottingham Trent University may reap significant benefits.</p> <p>The Board of Directors were ASSURED by the report</p> <p>AS left the meeting</p>		
<p><b>18/053</b></p>	<p><b>PATIENT STORY – SARAH'S STORY – A JOURNEY OF ADVOCACY, EMPOWERMENT AND INDEPENDENCE</b></p>		
<p>21 mins</p>	<p>JS, CO and DK joined the meeting.</p> <p>JS, CO and DK presented the Patient Story which related to the work of the High Intensity User Service.</p> <p>MG noted the patient had set up a disability support group and queried if the Trust is supporting more patients to set up similar groups. CO advised Covid has affected the ability to set up this type of group, but this is something the Service will encourage in the future to enable high intensity service users to receive support in the community.</p>		



	JS, CO and DK left the meeting.		
<b>18/054</b>	<b>SINGLE OVERSIGHT FRAMEWORK (SOF) MONTHLY PERFORMANCE REPORT</b>		
54 mins	<p><b>PEOPLE AND CULTURE</b></p> <p>EC highlighted Recognition Week, the ongoing support available to colleagues and learning from the Staff Survey results.</p> <p>CT advised overall workforce performance is positive and sickness levels have returned to expected levels. CT highlighted occupational health interventions, employee relations case management, mandatory training and appraisals.</p> <p>RM sought clarification regarding how the Trust identifies how staff are feeling currently and how the organisation can guard against complacency. RM queried if there are any further actions required to support overseas colleagues.</p> <p>EC advised the Trust uses several ways to engage with and listen to colleagues, including health and wellbeing conversations. In July, the quarterly survey will be reintroduced, which is sent out to all colleagues to try to get a 'temperature check' for how colleagues are feeling. Targeted work in either service or professional groups has been undertaken, following on from the work completed last year in relation to learning from Covid. The Trust seeks to continually engage and listen, which demonstrates the organisation is not complacent. Through the Staff Survey results it is acknowledged there are a number of areas for improvement.</p> <p>CT advised she feels the organisation is honest and transparent about the things which are known and is proactive in encouraging a speaking up culture. In terms of support for overseas colleagues, there are support programmes in place for colleagues. Requests for overseas travel are carefully considered as there is a difference between travel for leisure and travel for essential family reasons. The Trust continues to look for ways to support colleagues.</p> <p>TR requested an update on the Cultural Heat Map work, which will triangulate information from Speaking Up, appraisals, etc. EC advised the Cultural Heat Map has evolved and developed. Quarterly engagement sessions with most of the divisions have recently taken place and the further feedback from those sessions will be put into an overarching heat map. This will provide an indication of where there are particular issues or themes.</p> <p><b>QUALITY CARE</b></p> <p>JH highlighted infection rates, falls and the FFT for ED.</p> <p>DS highlighted venous thromboembolism (VTE), Electronic Prescribing and Medicines Administration (EPMA) pilot and cardiac arrest rate.</p>		

	<p><b>TIMELY CARE</b></p> <p>SB advised emergency care is currently busy, with more patients attending hospital than in 2019 and ambulance demand is 105% of that seen in 2019. However, demand is not out-with the national picture. SB outlined the actions being taken to manage demand.</p> <p>CW queried if the demand at the Trust is replicated across the rest of the country. SB advised the increase in demand is a national trend. Primary care are also seeing huge increases in demand.</p> <p>SB advised activity levels for elective care in May 2021 were almost the same as the levels seen in May 2019/2020. The waiting list is stable and the long waits are reducing. The Accelerator Programme schemes start during June and July 2021. SB advised a letter has now been sent to every patient on the waiting list giving an indicative wait.</p> <p>RM sought clarification on how long the Accelerator Programme will run for and what the expectations will be on the Trust when it ends. SB advised the Programme runs until the end of July. The expectation will be to maintain the levels of activity. The funding remains for the rest of the year and then Elective Recovery Fund (ERF) funding will fund the ongoing levels of activity.</p> <p>CW queried if the Covid infection prevention and control (IPC) measures which are in place within healthcare environments will remain in place when other restrictions are removed nationally. SB advised currently the national guidance has not changed and will not change by 19<sup>th</sup> July 2021 for the NHS. The Trust will need to maintain some levels of IPC in line with that. However, there are actions which can be taken within the confines of IPC to increase the number of patients being seen.</p> <p>AH queried if there was an opportunity to learn through the recovery phase in terms of how things are shaped for the future. SB advised part of the accelerator programme is about learning. The Trust has regular meetings with the national team as a group of accelerator systems to provide feedback. Any learning is being logged.</p> <p>GW felt it would be useful to see the trajectory for reducing the waiting list in future reports. SB advised this information can be included but it should be noted currently the national 'ask' is related to activity rather than waiting list reduction. There is a need to ensure the Trust is doing the right activity and the sickest patients are being treated.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Trajectory for waiting list reduction to be included in future SOF reports</b></li> </ul> <p>SB advised cancer performance remains below trajectory and demand for cancer referrals remains high. There is a need to continue with the capacity work to meet demand. A risk area is the breast pathway.</p>	<p>SB</p>	<p>05/08/21</p>
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	<p>MG noted the mitigations for urology performance and queried if there were other mitigation actions for skin and gynae. SB advised this may be patients who have an extended wait skewing the figures as there are only a small number of patients. The key action is to track those patients.</p> <p>NG noted the Trust's improved ranking for 62-day waiters and queried if this performance can be maintained. In terms of diagnostics, NG queried if the Accelerator Programme funding was 'flowing through' and queried what the benefits are and how many additional patients can be treated. SB advised the Accelerator Programme funding will help maintain progress. Some schemes have started. However, there is more work to do in terms of estate configuration to enable the additional endoscopy capacity. Once in place, this will provide an additional 150 scopes per month and will support positive movement in cancer performance. However, demand is a key driver.</p> <p>CW queried if some of the Trust's past success in some services is leading to SFHFT picking up demand which should be going to other trusts in the area. SB advised this may be an element in terms of emergency care due to the Trust's excellent ambulance turnaround times. However, a postcode analysis has been undertaken and only a few patients are a long way out of area. The data for elective referrals can be looked at to see if the catchment area is moving. Demand is generally on the increase nationally. Contingency plans are in place for further Covid surges.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Postcode analysis of elective referrals to be undertaken to establish any movement in the Trust's catchment area</b></li> </ul> <p><b>BEST VALUE CARE</b></p> <p>PR outlined the Trust's financial position at the end of Month 2.</p> <p>RM queried how the system is performing, given the Trust's finances are tied into those of the system. PR advised across the system all other partners are reporting break even at M2. Therefore, the system surplus against the H1 plan is £800k.</p> <p>RM queried if the assumptions being made across the system are similar. PR advised they are broadly similar. Other partners have assumed a level of ERF income above plan, while the Trust remains at a prudent at plan level. The Trust is consistent with partners in all other aspects.</p> <p>The Board of Directors CONSIDERED the report.</p>	<p>SB</p>	<p>05/08/21</p>
<p>18/055</p>	<p><b>LOWER GASTROINTESTINAL (GI) CANCER PATHWAY REDESIGN</b></p>		
<p>3 mins</p>	<p>SB presented the report, highlighting the actions which are being put in place in redesigning the lower gastrointestinal cancer pathway.</p> <p>The Board of Directors were ASSURED by the report</p>		

18/056	<b>ESTATES STRATEGY – 2021-2026</b>		
5 mins	<p>PR presented the report, advising all NHS trusts are required to have a Board of Directors approved estates strategy to ensure the trust estate is fit for purpose for the future, right sized and aligns with clinical strategies. The SFHFT Estates Strategy aligns with Nottinghamshire system priorities.</p> <p>GW felt under Strategic Priority 1 (To provide outstanding care to all patients) the section from 2022 onwards should include reference to communications and how the Trust can get onto the agenda for accessing the required finance for critical care, etc. In addition, GW felt a further risk should be highlighted relating to CNH delivery, authorisation and approval for works to be undertaken. It would also be useful to picture at a high level what this might mean and what difference the elements of capital spend will make and when.</p> <p>PR advised there is work to do to amend the summary for publication and sharing with colleagues at SFHFT and within the system. This will be more focussed on why the Trust wants to make changes and what the benefits of those will be for patients.</p> <p>The Board of Directors APPROVED the Estates Strategy 2021-2026</p>		
18/057	<b>APPLICATION OF THE TRUST SEAL</b>		
2 mins	<p>SH presented the report, advising in accordance with Standing Order 10 and the Scheme of Delegation, which delegates authority for application of the Trust Seal to the directors, the Trust Seal was applied to the following documents:</p> <ul style="list-style-type: none"> <li>• Seal number 93 was affixed to a document on 10<sup>th</sup> June 2021 for Paragon Asra Housing Ltd to enable the Installation of Data cable at Little Millers Day Nursery</li> <li>• Seal number 94 was affixed to a document on 23<sup>rd</sup> June 2021 for Central Nottinghamshire Hospitals PLC in relation to the temporary building module to house the Endoscopy Unit at Kings Mill Hospital</li> </ul> <p>The Board of Directors APPROVED the Use of the Trust Seal numbers 93 and 94</p>		
18/058	<b>ASSURANCE FROM SUB COMMITTEES</b>		
2 mins	<p><b>Audit and Assurance Committee</b></p> <p>GW presented the report, highlighting single tender waivers.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/059	<b>OUTSTANDING SERVICE – BAND 5 INTERNAL TRANSFER SCHEME</b>		
10 mins	<p>A short video was played highlighting the Band 5 internal transfer scheme.</p>		

	<p>RM queried if other organisations had a similar scheme and sought clarification how success of the scheme will be measured. If someone wishes to transfer but is not supported, RM queried how this would be managed. JH advised this scheme is in place in other organisations. Success would be reducing the turnover of Band 5 staff, as well as tracking internal promotion to Band 6. There are very clear criteria in place for someone not being supported to move and there are clear processes in place to manage those situations should they arise.</p> <p>RM queried if this scheme has been communicated externally as it may help with recruitment. LB advised thus far all the communications about the scheme have been internal as the scheme is relatively new. This does provide a good recruitment opportunity. The Trust is aiming to work with universities in relation to Band 5 recruitment for nurses and this is something nurses will be interested in. JH is working on the nurse recruitment microsite.</p> <p>TR queried if the Trust's Retention strategies are publicised. JH advised this does not happen currently, but this is a core part of the Pathway to Excellence Programme. The Trust will be updating the website to display everything which is part of that programme. A retention plan is being finalised for nursing, midwifery and AHPs.</p> <p>CT advised staff retention comes about as a consequence of the interventions and opportunities which are in place. This pilot is a good example of that.</p>		
<b>18/060</b>	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
2 mins	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> <li>• Band 5 Internal Transfer Scheme</li> <li>• Patient story</li> <li>• Speaking up</li> <li>• Estates Strategy</li> <li>• Nursing Apprenticeship Scheme</li> </ul>		
<b>18/061</b>	<b>ANY OTHER BUSINESS</b>		
	No other business was raised.		
<b>18/062</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 5<sup>th</sup> August 2021 via video conference at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 12:00</p>		

18/063	<b>CHAIR DECLARED THE MEETING CLOSED</b>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward</p> <p><b>Chair</b> <span style="margin-left: 200px;"><b>Date</b></span></p>		

18/064	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT</b>		
	No questions were raised.		
18/065	<b>BOARD OF DIRECTOR'S RESOLUTION</b>		
1 min	<p><b>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting</b></p> <p>In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve:</p> <p>“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”</p> <p>Directors AGREED the Board of Director's Resolution.</p>		